COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHARMA-115

DEC 1 9 2002 &

As a below name inventor, I hereby declare that:

Phan-115-002 USA

post office address and citizenship are as stated below next to my name,

I believe names are	I am the original, first and listed below) of the subj	d sole inventor (if only one name is liste lect matter which is claimed and for whi	d below) or an original, first and j ch a patent is sought of the invent	oint inventor (if plural ion entitled:
METHOD I	FOR THE TREATMEN	T OR PREVENTION OF FLAVIVIR	US INFECTION USING NUCL	EOSIDE ANALOGUES
the specif	fication of which (check of	only one item below):	•	
	is attached hereto.	`	RE	CEIVED
	was filed as United Stat	es application	DE	C 2 0 2002
	Serial No.		TECH CE	NTER 1600/2900
	on February 20, 20	<u>01</u> _		
	and was amended		•	
	on		(if applicable).	
	was filed as PCT intern	ational application		
	Number			•
	on			
	and was amended under	PCT Article 19		
	on		(if applical	ble).
amended I acknowl	by any amendment referr ledge the duty to disclose	information which is material to the pat		
	Federal Regulations, §1.50		·	
of any for country o or invento	reign application(s) for p ther than the United State or's certificate or any PC	er Title 35, United States Code, §119 of atent or inventor's certificate or of any les of America listed below and have als T international application(s) designation that the matter having a filing date before	PCT international application(s) do identified below any foreign aping at least one country other that	esignating at least one pplication(s) for patent the United States of
RIOR U.S. PF	ROVISIONAL AND FOREI	GN/PCT APPLICATION(S) AND ANY PR	ORITY CLAIMS UNDER 35 U.S.C.	119:
COUNTRY (if PCT, indicate "PCT")		APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
. U	nited States	60/183,349	18 FEB 00	■ YES □ NO
				☐ YES ☐ NO
			•	□ YES □ NO
			· · · · · · · · · · · · · · · · · · ·	□ YES □ NO
				□ YES □ NO

ATTORNEY'S DOCKET NUMBER PHARMA-115

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37. Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

U.S. APPLICATION NUME	BER	U.S. FILING DATE	PATENTED	PENDING	ABANDONE
					ľ
					<u> </u>
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
,					
			1		

POWER OF ATTORNEY: As a named inventor, I hereby appoint I. William Millen (19,544); John L. White (17,746); Anthony J. Zelano (27,969); Alan E.J. Branigan (20,565); John R. Moses (24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Richard J. Traverso (30,595); John A. Sopp (33,103); Richard M. Lebovitz (37,067); John H. Thomas (33,460); Catherine M. Joyce (40,668); James T. Moore (35,619), James E. Ruland (37,432), Nancy Axelrod (44,014) and Jennifer J. Branigan (40,921) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: MILLEN, WHITE, ZELANO & BRANIGAN, P.C.

Telephone No. 703/243-6333

Direct Telephone Calls to: Brion P. Heaney

Arlington Courthouse Plaza I, Suite 1400 2200 Clarendon Boulevard Arlington, Virginia 22201

FIRST GIVEN NAME SECOND GIVEN NAME FAMILY NAME FULL NAME OF INVENTOR 2 **ALAOUI-ISMAILI** Moulay-Hicham 0 COUNTRY OF CITIZENSHIP RESIDENCE & CITY STATE OR FOREIGN COUNTRY 1 CITIZENSHIP **CANADA NEWTON MASSACHUSETTS** STATE & ZIP CODE/COUNTRY POST OFFICE STREET ADDRESS 10 Hatfield **NEWTON** MASSACHUSETTS 02465 USA FIRST GIVEN NAME SECOND GIVEN NAME FULL NAME **FAMILY NAME** OF INVENTOR 2 **CHENG** Yun-Xing 0 RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY 2 CITIZENSHIP **PIERREFONDS CANADA CANADA** POST OFFICE STREET STATE & ZIP CODE/COUNTRY CITY **ADDRESS** 1840 Auban **QUEBEC H9K 1P5 CANADA PIERREFONDS FULL NAME** FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR Jean-François LAVALLÉE 2 n RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 3 CITIZENSHIP **CANADA** Bellefeuille **CANADA** CITY STATE & ZIP CODE/COUNTRY POST OFFICE STREET **ADDRESS** Bellefeuille QUEBEC JOR 1A0 CANADA 28 Chemin Scraire FIRST GIVEN NAME SECOND GIVEN NAME **FULL NAME FAMILY NAME** OF INVENTOR 2 **SIDDIQUI MOHAMMAD** ARSHAD 0 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITIZENSHIP **NEWTON** CANADA **MASSACHUSETTS** POST OFFICE STREET CITY STATE & ZIP CODE/COUNTRY ADDRESS **NEWTON** MASSACHUSETTS 02465 USA 10 Ohio Avenue

ATTORNEY'S DOCKET NUMBER PHARMA-115

L					·
	2	FULL NAME OF INVENTOR	FAMILY NAME STORER	FIRST GIVEN NAME RICHARD	SECOND GIVEN NAME
	0 5	RESIDENCE & CITIZENSHIP	CITY MIDDLESEX	STATE OR FOREIGN COUNTRY U.K.	COUNTRY OF CITIZENSHIP UNITED KINGDOM
		POST OFFICE ADDRESS	STREET 26 Cecil Park	CITY MIDDLESEX	STATE & ZIP CODE/COUNTRY UNITED KINGDOM HA5 5HH
	2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	0 6	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		POST OFFICE ADDRESS	STREET .	CITY	STATE & ZIP CODE/COUNTRY
	2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	0 7	RESIDENCE & CITIZENSHIP	СІТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
	2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME .
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		POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
1	2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
1	9	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	Nov 26/02	SIGNATURE OF INVENTOR 207	DATE
SIGNATURE OF INVENTOR 202	DATE	SIGNATURE OF INVENTOR 208	DATE
SIGNATURE OF INVENTOR 203	DATE	SIGNATURE OF INVENTOR 209	DATE
SIGNATURE OF INVENTOR 204	DATE	SIGNATURE OF INVENTOR 210	DATE
SIGNATURE OF INVENTOR 205	DATE	SIGNATURE OF INVENTOR 211	DATE
SIGNATURE OF INVENTOR 206	DATE	SIGNATURE OF INVENTOR 212	DATE

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ATTORNEY'S DOCKET NUMBER PHARMA-115

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U.S. APPLICATION NUMB	ER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
T		U.S. SERIAL NUMBERS			
PCT APPLICATION NO.	PCT FILING DATE	ASSIGNED (if any)			<u> </u>
			-		<u> </u>
					<u> </u>

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Telephone No. 703/243-6333

Direct Telephone Calls to: Brion P. Heaney

Arlington Courthouse Plaza I, Suite 1400

2200 Clarendon Boulevard Arlington, Virginia 22201

2	FULL NAME OF INVENTOR	FAMILY NAME ALAOUI-ISMAILI	FIRST GIVEN NAME Moulay-Hicham	SECOND GIVEN NAME
0 1	RESIDENCE & CITIZENSHIP	CITY NEWTON	STATE OR FOREIGN COUNTRY MASSACHUSETTS	COUNTRY OF CITIZENSHIP CANADA
	POST OFFICE ADDRESS	STREET 10 Hatfield	CITY NEWTON	STATE & ZIP CODE/COUNTRY MASSACHUSETTS 02465 USA
2	FULL NAME OF INVENTOR	FAMILY NAME CHENG	FIRST GIVEN NAME Yun-Xing	SECOND GIVEN NAME
0 2	RESIDENCE & CITIZENSHIP	CITY PIERREFONDS	STATE OR FOREIGN COUNTRY CANADA	COUNTRY OF CITIZENSHIP CANADA
,	POST OFFICE ADDRESS	STREET (8450 Bl. Nov. 8, 2002)	CITY PIERREFONDS	STATE & ZIP CODE/COUNTRY QUEBEC H9K 1P5 CANADA
2	FULL NAME OF INVENTOR	FAMILY NAME LAVALLÉE	FIRST GIVEN NAME Jean-François	SECOND GIVEN NAME
3	RESIDENCE & CITIZENSHIP	CITY Bellefeuille	STATE OR FOREIGN COUNTRY CANADA	COUNTRY OF CITIZENSHIP CANADA
	POST OFFICE ADDRESS	STREET 28 Chemin Scraire	CITY Bellefeuille	STATE & ZIP CODE/COUNTRY QUEBEC JOR 1A0 CANADA
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2	OF INVENTOR	SIDDIQUI	MOHAMMAD	ARSHAD .
2 0 4	OF INVENTOR RESIDENCE & CITIZENSHIP	SIDDIQUI CITY NEWTON	MOHAMMAD STATE OR FOREIGN COUNTRY MASSACHUSETTS	ARSHAD

ATTORNEY'S DOCKET NUMBER
PHARMA-115

	2	FULL NAME OF INVENTOR	FAMILY NAME STORER	FIRST GIVEN NAME RICHARD	SECOND GIVEN NAME
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		POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
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		POST OFFICE ADDRESS	STREET	СІТҮ	STATE & ZIP CODE/COUNTRY
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	0 9	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

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SIGNATURE OF INVENTOR 202	Nov. of, 2003	SIGNATURE OF INVENTOR 208	DATE
SIGNATURE OF INVENTOR 203	DAȚE	SIGNATURE OF INVENTOR 209	DATE
SIGNATURE OF INVENTOR 204	DATE	SIGNATURE OF INVENTOR 210	DATE
SIGNATURE OF INVENTOR 205	DATE	SIGNATURE OF INVENTOR 211	DATE
SIGNATURE OF INVENTOR 206	DATE	SIGNATURE OF INVENTOR 212	DATE

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PRIOR U.S. PROVISIONAL AND FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119	
United States	60/183,349	18 FEB 00	■ YES □ NO	
			☐ YES ☐ NO	
		·	□ YES □ NO	
			□ YES □ NO	
			□ YES □ NO	

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U.S. APPLICATION NUMB	ER	U.S. FILING DATE	PATENTED	PENDING	ABANDONEI
·····					
				•	
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			

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Arlington, Virginia 22201

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0 1	RESIDENCE & CITIZENSHIP	CITY NEWTON	STATE OR FOREIGN COUNTRY MASSACHUSETTS	COUNTRY OF CITIZENSHIP CANADA
	POST OFFICE ADDRESS	STREET 10 Hatfield	CITY NEWTON	STATE & ZIP CODE/COUNTRY MASSACHUSETTS 02465 USA
2	FULL NAME OF INVENTOR	FAMILY NAME CHENG	FIRST GIVEN NAME Yun-Xing	SECOND GIVEN NAME
0 2	RESIDENCE & CITIZENSHIP	CITY PIERREFONDS	STATE OR FOREIGN COUNTRY CANADA	COUNTRY OF CITIZENSHIP CANADA
	POST OFFICE ADDRESS	STREET 1840 Auban	CITY PIERREFONDS	STATE & ZIP CODE/COUNTRY QUEBEC H9K 1P5 CANADA
2	FULL NAME OF INVENTOR	FAMILY NAME LAVALLÉE	FIRST GIVEN NAME Jean-François	SECOND GIVEN NAME
0 3	RESIDENCE & CITIZENSHIP	CITY Bellefeuille	STATE OR FOREIGN COUNTRY CANADA	COUNTRY OF CITIZENSHIP CANADA
	POST OFFICE ADDRESS	STREET 28 Chemin Scraire	CITY Bellefeuille	STATE & ZIP CODE/COUNTRY QUEBEC JOR 1A0 CANADA
2	FULL NAME OF INVENTOR	FAMILY NAME SIDDIQUI	FIRST GIVEN NAME MOHAMMAD	SECOND GIVEN NAME ARSHAD
0	RESIDENCE & CITIZENSHIP	CITY NEWTON	STATE OR FOREIGN COUNTRY MASSACHUSETTS	COUNTRY OF CITIZENSHIP CANADA
	POST OFFICE ADDRESS	STREET 10 Ohio Avenue	CITY NEWTON	STATE & ZIP CODE/COUNTRY MASSACHUSETTS 02465 USA

ATTORNEY'S DOCKET NUMBER Combined Declaration for Patent Application and Power of Attorney (Continued) PHARMA-115 (Includes Reference to PCT International Applications) SECOND GIVEN NAME FULL NAME **FAMILY NAME** FIRST GIVEN NAME OF INVENTOR **STORER RICHARD** 2 0 COUNTRY OF CITIZENSHIP **RESIDENCE &** STATE OR FOREIGN COUNTRY 5 CITIZENSHIP UNITED KINGDOM **MIDDLESEX** U.K. STATE & ZIP CODE/COUNTRY POST OFFICE CITY ADDRESS UNITED KINGDOM HA5 5HH 26 Cecil Park **MIDDLESEX** SECOND GIVEN NAME FIRST GIVEN NAME **FAMILY NAME FULL NAME** OF INVENTOR 2 0 RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY 6 CITIZENSHIP STATE & ZIP CODE/COUNTRY CITY POST OFFICE STREET **ADDRESS** SECOND GIVEN NAME FIRST GIVEN NAME FULL NAME **FAMILY NAME** OF INVENTOR 2 0 COUNTRY OF CITIZENSHIP RESIDENCE & CITY STATE OR FOREIGN COUNTRY CITIZENSHIP POST OFFICE STREET CITY STATE & ZIP CODE/COUNTRY **ADDRESS** SECOND GIVEN NAME FULL NAME **FAMILY NAME** FIRST GIVEN NAME OF INVENTOR 2 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 8 CITIZENSHIP POST OFFICE CITY STATE & ZIP CODE/COUNTRY STREET ADDRESS FULL NAME **FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 0 **RESIDENCE &** CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP Q CITIZENSHIP POST OFFICE STREET CITY STATE & ZIP CODE/COUNTRY **ADDRESS** I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR DATE 207 SIGNATURE OF INVENTOR DATE SIGNATURE OF INVENTOR DATE 202 208 SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR DATE 209 SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR 210 DATE SIGNATURE OF INVENTOR DATE SIGNATURE OF INVENTOR 211 DATE

SIGNATURE OF INVENTOR

DATE

DATE

SIGNATURE OF INVENTOR

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COUNTRY (if PCT, indicate "PCT")			PRIORITY CLAIMED UNDER 35 USC 119
United States	60/183,349	18 FEB 00	YES NO
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·						
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			U.S. SERIAL NUMBERS			
PCT APPLICATION NO.	PCT FILI	NG DATE	ASSIGNED (if any)			
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Arlington, Virginia 22201

2	FULL NAME OF INVENTOR	FAMILY NAME ALAOUI-ISMAILI	FIRST GIVEN NAME Moulay-Hicham	SECOND GIVEN NAME
0	RESIDENCE & CITIZENSHIP	CITY NEWTON	STATE OR FOREIGN COUNTRY MASSACHUSETTS	COUNTRY OF CITIZENSHIP CANADA
	POST OFFICE ADDRESS	STREET 10 Hatfield	CITY NEWTON	STATE & ZIP CODE/COUNTRY MASSACHUSETTS 02465 USA
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME CHENG	FIRST GIVEN NAME Yun-Xing	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY PIERREFONDS	STATE OR FOREIGN COUNTRY CANADA	COUNTRY OF CITIZENSHIP CANADA
	POST OFFICE ADDRESS	STREET 1840 Auban	CITY PIERREFONDS	STATE & ZIP CODE/COUNTRY QUEBEC H9K 1P5 CANADA
2	FULL NAME OF INVENTOR	FAMILY NAME LAVALLÉE	FIRST GIVEN NAME Jean-François	SECOND GIVEN NAME
0 3	RESIDENCE & CITIZENSHIP	CITY Bellefeuille	STATE OR FOREIGN COUNTRY CANADA	COUNTRY OF CITIZENSHIP CANADA
	POST OFFICE ADDRESS	STREET 28 Chemin Scraire	CITY Bellefeuille	STATE & ZIP CODE/COUNTRY QUEBEC JOR 1A0 CANADA
2	FULL NAME OF INVENTOR	FAMILY NAME SIDDIQUI	FIRST GIVEN NAME MOHAMMAD	SECOND GIVEN NAME ARSHAD
0 4	RESIDENCE & CITIZENSHIP	CITY NEWTON	STATE OR FOREIGN COUNTRY MASSACHUSETTS	COUNTRY OF CITIZENSHIP CANADA
	POST OFFICE ADDRESS	STREET 10 Ohio Avenue	CITY NEWTON	STATE & ZIP CODE/COUNTRY MASSACHUSETTS 02465 USA

COMBINED BECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHARMA-115

DEC 1 9 2002 &

As a below named to ventor, I hereby declare that:

Miresidences but office address and citizenship are as stated below next to my name,

		d sole inventor (if only one name is liste	•	oint inventor (if plural
	, , , , , , , , , , , , , , , , , , ,	ect matter which is claimed and for wh		
METHOD F	FOR THE TREATMEN	T OR PREVENTION OF <i>FLAVIVIR</i>	US INFECTION USING NUCL	EOSIDE ANALOGUES
the specif	ication of which (check o	only one item below):	•	
	is attached hereto.		•	
	was filed as United Stat	es application		
	Serial No.	• •		
	on February 20, 20	01		
	and was amended			·
	on		(if applicable).	
	was filed as PCT interna	ational application		
	Number			
	on		Name of the second seco	
				•
	and was amended under	PCT Article 19		
	on		(if applicab	ole).
	state that I have reviewe	d and understand the contents of the	above-identified specification, inc	luding the claims, as
	edge the duty to disclose ederal Regulations, §1.56	information which is material to the pat	entability of this application in acco	ordance with Title 37,
	_	er Title 35, United States Code, §119 of	the following United States Provis	ional Application and
of any for	eign application(s) for pa	atent or inventor's certificate or of any less of America listed below and have al	PCT international application(s) de	esignating at least one
or invento	or's certificate or any PC'	T international application(s) designation in the control of the c	ng at least one country other than	the United States of
RIOR U.S. PR		GN/PCT APPLICATION(S) AND ANY PR		
(if PC	COUNTRY T, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
· Uı	nited States	60/183,349	18 FEB 00	■ YES □ NO
-	· · · · · · · · · · · · · · · · · · ·		——————————————————————————————————————	☐ YES ☐ NO
<u>-</u>				□ YES □ NO
		· · · · · · · · · · · · · · · · · · ·		□ YES □ NO
				□ YES □ NO

ATTORNEY'S DOCKET NUMBER PHARMA-115

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

U.S. APPLICATION NUMB	ER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
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			1	·	1
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			

POWER OF ATTORNEY: As a named inventor, I hereby appoint I. William Millen (19,544); John L. White (17,746); Anthony J. Zelano (27,969); Alan E.J. Branigan (20,565); John R. Moses (24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Richard J. Traverso (30,595); John A. Sopp (33,103); Richard M. Lebovitz (37,067); John H. Thomas (33,460); Catherine M. Joyce (40,668); James T. Moore (35,619), James E. Ruland (37,432), Nancy Axelrod (44,014) and Jennifer J. Branigan (40,921) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2		ALAOUI-ISMAILI	Moulay-Hicham	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1		NEWTON	MASSACHUSETTS	CANADA
	POST OFFICE	STREET	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	10 Hatfield	NEWTON	MASSACHUSETTS 02465 USA
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2	OF INVENTOR	CHENG	Yun-Xing	
0	RESIDENCE &	СІТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
2	CITIZENSHIP	PIERREFONDS	CANADA	CANADA
	POST OFFICE ADDRESS	STREET	СІТУ	STATE & ZIP CODE/COUNTRY
		1840 Auban	PIERREFONDS	QUEBEC H9K 1P5 CANADA
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2	OF INVENTOR	LAVALLÉE	Jean-François	·
0	RESIDENCE & CITY STATE OR FOREIGN COUNTRY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
3	CITIZENSHIP	Bellefeuille	CANADA	CANADA
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
		28 Chemin Scraire	Bellefeuille	QUEBEC JOR 1A0 CANADA
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2		SIDDIQUI	MOHAMMAD	ARSHAD
0	RESIDENCE & CITIZENSHIP	СІТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
			NA COA CHILICETTEC	la
4	CITIZENSHIP	NEWTON	MASSACHUSETTS	CANADA
4	POST OFFICE ADDRESS	NEWTON STREET	CITY	STATE & ZIP CODE/COUNTRY

Combined Declaration for Patent Application and Power of Attorney (Continued) ATTORNEY'S DOCKET NUMBER (Includes Reference to PCT International Applications) PHARMA-115 **FULL NAME FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR **STORER RICHARD** 2 0 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITY 5 CITIZENSHIP **MIDDLESEX** UNITED KINGDOM STATE & ZIP CODE/COUNTRY POST OFFICE STREET CITY ADDRESS UNITED KINGDOM HA5 5HH 26 Cecil Park **MIDDLESEX** SECOND GIVEN NAME **FAMILY NAME** FIRST GIVEN NAME FULL NAME OF INVENTOR 2 0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 6 CITIZENSHIP CITY STATE & ZIP CODE/COUNTRY POST OFFICE STREET ADDRESS **FULL NAME FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP POST OFFICE STREET CITY STATE & ZIP CODE/COUNTRY **ADDRESS FULL NAME FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 8 CITIZENSHIP POST OFFICE STREET CITY STATE & ZIP CODE/COUNTRY **ADDRESS FULL NAME** FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP POST OFFICE STREET CITY STATE & ZIP CODE/COUNTRY ADDRESS I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. SIGNATURE OF INVENTOR DATE SIGNATURE OF INVENTOR 207 DATE SIGNATURE OF INVENTOR 202 DATE SIGNATURE OF INVENTOR DATE 208 SIGNATURE OF INVENTOR 203 DATE SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR 204 DATE SIGNATURE OF INVENTOR 210 DATE SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR 211 DATE Nov 8 2002 SIGNATURE OF INVENTOR DATE 212